



Montana TB Program/DPHHS

Policy - Latent Tuberculosis Infection (LTBI) Treatment Program

1. The county health department or health-care provider must send or FAX an appropriate prescription to the TB Program. This first step assumes that active tuberculosis has been ruled out by the treating provider according to current recommendations.
2. The county health department or provider must submit a Latent TB Infection Medicine Enrollment application form with each prescription. A copy of the form should be retained for later use to report completion information at the end of therapy or when the patient otherwise discontinues therapy.
3. There are currently four LTBI treatment regimens approved by CDC and available through the Montana TB Program. Although regimens are broadly applicable, there are special circumstances that must be considered (i.e. HIV infection, suspected drug resistance, pregnancy, or treatment of children). Requests for alternate medications must be pre-approved by the TB Program. Pyridoxine will be provided if prescribed by the provider. (Note: In persons with conditions in which neuropathy is common, including diabetes, uremia, alcoholism and malnutrition, pyridoxine should be given with Isoniazid (INH). It is also advisable to give pyridoxine with INH to women who are pregnant and to persons with a seizure disorder.)
4. Either the local health department, health-care facility, or provider must take responsibility for educating and monitoring the patient at least monthly for both adherence to therapy and for the presence of side effects and/or adverse reactions and if the Isoniazid/Rifapentine regimen is used, directly observed therapy (DOT) is mandatory. No medication will be sent directly to any patient.
5. The local health department, health-care facility, or health-care provider must monitor the patient in accordance with current guidelines provided in the ATS/CDC document, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, July 1999 (MMWR, CDC, June 9, 2000).
6. Medications will be mailed directly from the DPHHS contract pharmacy to the local entity accepting responsibility for patient education and monitoring of adherence and side effects/adverse reactions (See #4 above.) If INH is used, a 3-month supply is mailed, unless less is requested. If the INH/RPT regimen is used, the full 12-week supply is sent. If RIF alone is used, a 2-month supply is sent initially. **For patients self-administering INH or RIF, dispense a 1-month supply of medication at a time to the patient, following monthly evaluations as described above.**

7. **Requests for refills must be called into the TB Program; they are not sent automatically.**
8. The lower portion of the Latent TB Infection Medicine Enrollment form must be completed and mailed to the TB Program at the time the patient completes treatment or discontinues for any reason. Patients who are moving to other counties/states must be reported promptly to the TB Program to ensure continuity of care and treatment.

Mail or FAX form and prescription(s) to:

**TB Program/DPHHS
C216 Cogswell Building
1400 Broadway Street
Helena, MT 59620**

Fax: 406-444-0272

Call 406-444-0275 for more information